



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: AHMED KHALIFA, MD 3100 TIMMONS LANE #250 HOUSTON, TX 77027	MFDR Tracking #: M4-10-4883-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: ZENITH INSURANCE CO Box #: 47	Date of Injury:
	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

The Requestor did not submit a position statement in accordance with rule §133.307.

Amount in Dispute: \$277.42

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This letter is in response to the Medical Fee Dispute Resolution Request (Form DWC060) filed by Ahmed Khalifa, MD. The dispute appears to be a fee dispute regarding an NCV/EMG and a consultation that was performed on 11/20/2009. Attached to this letter is a copy of the DWC060 received from the requestor. Zenith Insurance maintains its position that the NCV/EMG was paid according to fee guidelines, based on the locality of the physical address where services were rendered. No additional reimbursement is recommended. Zenith Insurance also contends that the documentation submitted does not support at least two of the three key components of a level one consultation which include: A problem focused history, a problem focused examination, &/or a straight-forward medical decision. The only report submitted is the NCV report. And finally, Zenith Insurance will continue to deny the miscellaneous supplies code 99070 as the healthcare provider has not provided a specific description for the services billed."

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
11/20/09	99243	N/A	\$188.87	\$0.00
11/20/09	95864	$53.68 \div 36.0666 \times 152.66 = \227.21	\$15.31	\$0.00
11/20/09	95900-59	$53.68 \div 36.0666 \times 48.33 = \$71.93 \times 4 = \$287.72$	\$25.40	\$0.00
11/20/09	95904	$53.68 \div 36.0666 \times \$42.61 = \$63.42 \times 4 = \253.68	\$22.84	\$0.00
11/20/09	99070	N/A	\$25.00	\$0.00
			Total Due:	\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
- 28 Tex. Admin. Code §134.203 sets out the medical fee guidelines for professional services rendered on or after March 1, 2008.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 12/18/2009

- A12 W1 – Reimbursement has been calculated according to the state fee schedule guidelines.
- A51 147– Coventry contract status indicator 02 – non-contracted provider
- AJ5 97 – The value of this supply is included in the global surgical fee
- AJF 150 – The submitted documentation does not support the service billed.
- 147 – Provider contracted/negotiated rate expired or not on file.
- 150 – Payer deems the information submitted does not support this level of service. \$0.00
- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- Workers compensation state fee schedule adjustment

Explanation of benefits dated 6/15/2010

- A4Z 18 – This charge has previously been reviewed according to fee schedule and/or reasonable guidelines.
- A51 147 – Coventry contract status indicator 02 – non-contracted provider
- AJ5 97 – The value of this supply is included in the global surgical fee
- AJF 150 – The submitted documentation does not support the service billed.
- 47 – Provider contracted/negotiated rate expired or not on file.
- 50 – Payer deems the information submitted does not support this level of service. \$0.00
- 8 – duplicate claim/service. \$0.00
- 7 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- Supplies used to perform the EMG/NCV studies are bundled. The documentation does not support a separate examination beyond the one performed as part of the RME examination. The note with the diagnostic report does not support code 99243.

Issues

1. Does the submitted documentation support the services billed under CPT code 99243?
2. Did the carrier reimburse the requestor according to the medical fee guidelines for CPT codes 95864, 95900-59 and 95904?
3. Is CPT code 99070 a bundled code?
4. Is the requestor entitled to reimbursement?

Findings

1. Pursuant to rule §134.203(a)(5) "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare. The Requestor billed CPT code 99243. The description of this code is as follows: Office consultation for a new or established patient which requires these 3 key components: a detailed history, a detailed examination and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family. The documentation the requestor submitted does not meet the description of CPT code 99243. Therefore, reimbursement for this code is not recommended.
2. Pursuant to rule §134.203(c)(1)(2), To determine the maximum allowable reimbursement (MAR) for professional services, system participants shall apply the Medicare payment policies with minimal modifications. For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor is to be applied. The conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. Commissioner's Bulletin #B-0075-08 states for services provided in calendar year 2009, the Medical Fee Guideline conversion factors in rule §134.203(c) are \$53.68 and \$67.38. The conversion factor of \$53.68 applies to service categories of Evaluation and Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting. The Requestor billed the following CPT codes: 95864, 95900-59 and 95904. The following is the MAR amount for each of these codes and the reimbursement by the Respondent:

95864 – MAR amount = \$227.21. Requestor billed \$242.52. Respondent paid \$227.21. No additional due.

95900 – MAR amount = \$71.93 x 4 units = \$287.72. Requestor billed \$313.12. Respondent paid \$287.72. No additional due.

95904 – MAR amount = \$63.42 x 4 units = \$253.68. Requestor billed \$276.52. Respondent paid \$253.68. No additional due.

3. The Requestor also billed CPT code 99070. The description of CPT code 99070 is as follows: Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered. (list drugs, trays, supplies, or materials provided). The Requestor's documentation does not document any supplies and materials. Per NCCI edits, CPT code 99070 is always bundled into payment of other services. Therefore, reimbursement for CPT code 99070 is not recommended.

Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Medical Fee Dispute Resolution Officer

11/9/10

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.